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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number L4069-1400

First Named Inventor Hubbard

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**System For Measuring and Indicating Changes in the Resistance of A Living Body**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/19/2004 as United States Application Number or PCT International

Application Number PCT/US2004/006084 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


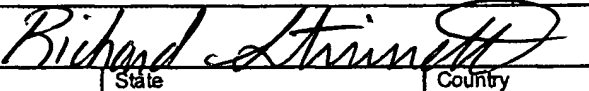
[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b> Robert A. Seldon			
<b>Address</b> 10940 Wilshire Blvd., 18th Floor			
<b>City</b> Los Angeles		<b>State</b> CA	<b>ZIP</b> 90024-3952
<b>Country</b> USA	<b>Telephone</b> 310.443.9100	<b>Fax</b> 310.443.9130	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle [if any])</b> Lafayette Ron		<b>Family Name or Surname</b> Hubbard (deceased)	
<b>Inventor's Signature</b> 		<b>Date</b> 9-9-05	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle [if any])</b> Richard		<b>Family Name or Surname</b> Strinnett	
<b>Inventor's Signature</b> 		<b>Date</b> 9-9-05	
<b>Residence: City</b> Corona	<b>State</b> CA	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 350 S. Maple, Suite "C"			
<b>City</b> Corona	<b>State</b> CA	<b>Zip</b> 92880	<b>Country</b> US
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
Trent		Lillihaugen	
<b>Inventor's Signature</b>			<b>Date</b>
Camarillo	CA	USA	USA
Residence: City	State	Country	Citizenship
900 Calle Plano, Suite "A"			
<b>Mailing Address</b>			
Camarillo	CA	93012	USA
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
John		Temples	
<b>Inventor's Signature</b> <i>John Temples</i>			<b>Date</b> 10/4/04
Camarillo	CA	USA	USA
Residence: City	State	Country	Citizenship
900 Calle Plano, Suite "A"			
<b>Mailing Address</b>			
Camarillo	CA	93012	USA
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>			<b>Date</b>
Residence: City	State	Country	Citizenship
<b>Mailing Address</b>			
City	State	Zip	Country

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**DECLARATION Supplemental Sheet**  
**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**Enter Deceased or Incapacitated Inventor's Name: **LAFAYETTE RON HUBBARD**

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Norman F. Starkey		Starkey	
Legal Representative's Signature		Date	
Residence: City Los Angeles	State CA	Country US	Citizenship US
Mailing Address 7051 Hollywood Blvd.			
Mailing Address Suite 400			
City Los Angeles	State CA	Zip 90028	Country US
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR

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you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.